S. No. 300
v. 10.48

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22642

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5007 Registrar's No. 174

0010
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: ADAIR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-SALT RIVER
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI b. COUNTY: ADAIR
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - SALT RIVER 0010 0
d. STREET ADDRESS (If rural, give location): 2 MI. W. BRASHEAR

3. NAME OF DECEASED (Type or Print)
a. (First): NODA b. (Middle): B. c. (Last): PATTERSON

4. DATE OF DEATH (Month) (Day) (Year): JUNE 19 1950

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: DEC. 13. 1888
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEKEEPING
11. BIRTHPLACE (State or foreign country): ADAIR CO - MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WILLIAM D. HANCOCK
13b. MOTHER'S MAIDEN NAME: IDA STEELE
14. NAME OF HUSBAND OR WIFE: ELMER PATTERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): MO -
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: ELMER PATTERSON ADDRESS: BRASHEAR

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) High Blood Pressure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 19, 1950, *to* June 19, 1950, *that I last saw the deceased alive on* June 19, 1950, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. McHumphrey M.D.
23b. ADDRESS: Brashear Mo
23c. DATE SIGNED: 6-21-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL D
24b. DATE: 6/22, 1950
24c. NAME OF CEMETERY OR CREMATORY: BRASHEAR
24d. LOCATION (City, town, or county): BRASHEAR (State): MO

DATE REC'D BY LOCAL REG.: 7-8-50
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: Leo K. Easley Jr. **ADDRESS**: Hurdland Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 24 1950

RECEIVED JUL 11 1950
District Health Officer No. 10
District File Number 7-50-1106
Date Filed JUL 14 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. ..... working under my personal supervision.

Student ..... Student Embalmer

Signed Geo B Easley Jr

Licensed Embalmer No. 3755

P. O. Address Hurdland Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.